

# Q Generic Demographics

Record ID

\_\_\_\_\_

## Questionnaire - Metadata

Session ID

\_\_\_\_\_

Questionnaire Started At

\_\_\_\_\_

Questionnaire Completed At

\_\_\_\_\_

Questionnaire Duration (seconds)

\_\_\_\_\_

Who is completing this survey?

- ☐ Self  
☐ Assistant  
☐ Parent/Caregiver

## Address Information

City

\_\_\_\_\_

State/Province

\_\_\_\_\_

Zipcode

\_\_\_\_\_

Country

- ☐ USA  
☐ Canada

## Patient Demographics

What is your gender identity?

- ☐ Female gender identity  
☐ Male gender identity  
☐ Non-binary or genderqueer gender identity  
☐ Other  
☐ Prefer not to answer

If you selected "other" for gender identity, please specify:

\_\_\_\_\_

Please specify gender identity

- ☐ Cis: same gender as the sex assigned at birth  
☐ Trans

What is your sexual orientation?	<div><input type="radio"/> Bisexual</div> <div><input type="radio"/> Heterosexual</div> <div><input type="radio"/> Homosexual</div> <div><input type="radio"/> Other (Please specify)</div> <div><input type="radio"/> Prefer not to answer</div>
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If you selected "other" for sexual orientation, please specify:	<div></div>
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Which race category best describes you? Choose all that apply	<div><input type="checkbox"/> American Indian or Alaska Native</div> <div><input type="checkbox"/> Asian</div> <div><input type="checkbox"/> Black or African American</div> <div><input type="checkbox"/> Native Hawaiian or other Pacific Islander</div> <div><input type="checkbox"/> White</div> <div><input type="checkbox"/> Canadian Indigenous or Aboriginal</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Prefer not to answer</div>
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American Indian or Alaska Native	<div><input type="checkbox"/> American Indian</div> <div><input type="checkbox"/> Alaska Native</div>
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Asian	<div><input type="checkbox"/> Asian Indian</div> <div><input type="checkbox"/> Bangladeshi</div> <div><input type="checkbox"/> Bhutanese</div> <div><input type="checkbox"/> Burmese</div> <div><input type="checkbox"/> Cambodian</div> <div><input type="checkbox"/> Chinese</div> <div><input type="checkbox"/> Taiwanese</div> <div><input type="checkbox"/> Filipino</div> <div><input type="checkbox"/> Hmong</div> <div><input type="checkbox"/> Indonesian</div> <div><input type="checkbox"/> Japanese</div> <div><input type="checkbox"/> Korean</div> <div><input type="checkbox"/> Laotian</div> <div><input type="checkbox"/> Malaysian</div> <div><input type="checkbox"/> Okinawan</div> <div><input type="checkbox"/> Pakistani</div> <div><input type="checkbox"/> Sri Lankan</div> <div><input type="checkbox"/> Thai</div> <div><input type="checkbox"/> Vietnamese</div> <div><input type="checkbox"/> Iwo Jiman</div> <div><input type="checkbox"/> Maldivian</div> <div><input type="checkbox"/> Nepalese</div> <div><input type="checkbox"/> Singaporean</div> <div><input type="checkbox"/> Madagascar</div>
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Black or African American	<div><input type="checkbox"/> African American</div> <div><input type="checkbox"/> African</div> <div><input type="checkbox"/> Bahamian</div> <div><input type="checkbox"/> Barbadian</div> <div><input type="checkbox"/> Dominican</div> <div><input type="checkbox"/> Dominica Islander</div> <div><input type="checkbox"/> Haitian</div> <div><input type="checkbox"/> Jamaican</div> <div><input type="checkbox"/> Tobagoan</div> <div><input type="checkbox"/> Trinidadian</div> <div><input type="checkbox"/> West Indian</div>
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Native Hawaiian or other Pacific Islander

- ☐ Polynesian  
☐ Micronesian  
☐ Melanesian  
☐ Other Pacific Islander

White

- ☐ European  
☐ Middle Eastern Or North African  
☐ Arab

Canadian Indigenous or Aboriginal

- ☐ First Nation  
☐ Inuk/inuit  
☐ Metis

If race not listed above, please specify:

\_\_\_\_\_

What is your ethnic or cultural origin?

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
☐ Prefer not to answer

Check all that apply

- ☐ Spaniard  
☐ Mexican  
☐ Central American  
☐ South American  
☐ Latin American  
☐ Puerto Rican  
☐ Cuban  
☐ Dominican

## Education

What is your highest level of education?

- ☐ No formal education  
☐ Some elementary school  
☐ Some secondary or high school education  
☐ High School or secondary school degree complete  
☐ Some college education  
☐ Associate's or technical degree complete  
☐ College or baccalaureate degree complete  
☐ Some post-baccalaureate education  
☐ Graduate or professional degree complete  
☐ Doctoral or post graduate education  
☐ Other  
☐ Prefer not to answer

If you selected "other" level of education, please specify:

\_\_\_\_\_

## Disability Questions

Are you deaf or do you have serious difficulty hearing?

- ☐ No  
☐ Yes  
☐ Prefer not to answer

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ No  
☐ Yes  
☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ No  
☐ Yes  
☐ Prefer not to answer

Do you have serious difficulty walking or climbing stairs?

- ☐ No  
☐ Yes  
☐ Prefer not to answer

Do you have difficulty dressing or bathing?

- ☐ No  
☐ Yes  
☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ No  
☐ Yes  
☐ Prefer not to answer

### Employment Status

What is your employment status?

Choose all that apply

- ☐ Employed, freelance  
☐ Employed, full time  
☐ Employed, part time  
☐ Employed, multiple part time jobs  
☐ Student  
☐ Self-employed  
☐ Retired  
☐ Unemployed  
☐ Other

If you selected "other" employment status, please specify.

\_\_\_\_\_

What is your occupation?

\_\_\_\_\_

Are you a veteran?

- ☐ Yes  
☐ No

### Demographics - Optional

What was your total household income last year (USD)?  
Please include all sources of income, including pensions, dividends, alimony, child support, etc.

- ☐ < \$15,000  
☐ \$15,000 to \$29,999  
☐ \$30,000 to \$49,999  
☐ \$50,000 to \$99,999  
☐ \$100,000 to \$149,999  
☐ \$150,000 to \$199,999  
☐ \$200,000 to \$249,999  
☐ >\$250,000  
☐ Prefer not to answer

Do you receive a significant portion (>20%) of your income through federally-funded income assistance programs? Some examples of these programs are listed in the question below.

- ☐ No  
☐ Yes  
☐ Prefer not to answer

Do you take advantage of any of the following programs?  
Choose all that apply

- ☐ Supplemental Security Income (SSI)  
☐ Supplemental Nutrition Assistance Program (SNAP)  
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)  
☐ Temporary Assistance for Needy Families (TANF), including Pass through Child Support  
☐ General Assistance (GA)

What was your total household income last year (CAD)?  
Please include all sources of income, including pensions, dividends, alimony, child support, etc.

- ☐ < \$15,000  
☐ \$15,000 to \$29,999  
☐ \$30,000 to \$49,999  
☐ \$50,000 to \$99,999  
☐ \$100,000 to \$149,999  
☐ \$150,000 to \$199,999  
☐ \$200,000 to \$249,999  
☐ >\$250,000  
☐ Prefer not to answer

Do you receive a significant portion (>20%) of your income through federally-funded income assistance programs? Some examples of these programs are listed below.

- ☐ No  
☐ Yes  
☐ Prefer not to answer

Do you take advantage of any of the following programs?  
Choose all that apply

- ☐ Supplemental Security Income (SSI)  
☐ Supplemental Nutrition Assistance Program (SNAP)  
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)  
☐ Temporary Assistance for Needy Families (TANF), including Pass through Child Support  
☐ General Assistance (GA)

## Citizenship

Citizen

- ☐ Citizen  
☐ Permanent resident (Green card holder)  
☐ Non-citizen US/Canadian national  
☐ Refugee  
☐ Asylum seeker  
☐ Non-immigrant student  
☐ Non-immigrant worker  
☐ Prefer not to answer

What is your marital status?  
Choose all that apply

- ☐ Single  
☐ Married  
☐ In a relationship  
☐ Not married  
☐ Separated  
☐ Divorced  
☐ Widowed

What is your current housing status?

- ☐ Assisted living  
☐ Own home  
☐ Rent home  
☐ Skilled nursing facility/nursing home  
☐ Unhoused-temporarily  
☐ Unhoused-permanently

How many people live in your household?  
Please specify a number

\_\_\_\_\_

**Who lives with you? Choose all that apply**

	Yes	No
Spouse/partner/significant other	<input type="radio"/>	<input type="radio"/>
One or more children	<input type="radio"/>	<input type="radio"/>
One or more parent	<input type="radio"/>	<input type="radio"/>
One or more grandparent	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If "others" live in your household, please specify:

\_\_\_\_\_

Do you have a reliable mode of transportation?

☐ Yes

☐ No

What is your primary mode of transportation?

☐ Personal vehicle

☐ Shared vehicle

☐ Public transportation

☐ Ride with someone else

☐ Ride service

☐ Bicycle/Motorbike

☐ Walking

☐ Other (Please specify)

If you selected "other" transportation, please specify.

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